

U.S. Department of Energy
WEATHERIZATION ASSISTANCE PROGRAM
SUBGRANTEE INFORMATION

Grant #: _____ **Amendment:** _____

State: _____ **Program Year:**

Name:

Address:

Street 1:

***Street 2:**

City:

State:

Zip Code:

***Contact:**

***Phone:**

***Fax:**

***Email:**

Tentative allocation:

Type of organization:

Planned units:

Source of Labor:

Counties served:

Congressional Districts:

* These fields are optional.